

# The Health Care Monitor

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## TRICARE Northwest

### Madigan has new commander



Brig. Gen. Michael A. Dunn, commanding general of the Western Regional Medical Command, which includes Madigan, took direct command of Madigan Army Medical Center February 7.



Col. Virgil T. Deal completed his tour of more than two years in command of Madigan Army Medical Center.

By Sharon D. Ayala  
Deputy PAO  
Madigan Army Medical  
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Col. Virgil T. Deal completed his tour of more than two years in command of Madigan Army Medical Center during a ceremony held in February.

The Relinquishment of Command and Departure Ceremony was conducted in the Medical Mall at Madigan, attracted hundreds of Madigan personnel, family and friends. Brig. Gen. Michael A. Dunn, commanding general of the Western Regional Medical Command, which includes Madigan, took direct command of Madigan Army Medical Center, resuming the command structure that had been in place prior to Deal's assumption of command in 2000.

"For two years the Assistant Secretary of Defense for Health Affairs and the Army Surgeon General agreed to make the Pacific Northwest a developmental test-bed for the improved delivery of TRICARE," explained Dunn. "They gave my predecessor, Maj. General Ken Farmer, a talented Colonel, Tom Deal, to command Madigan, while General Farmer focused on reengineering and standing up a new TRICARE structure. It is now nationally recognized as a template for doing business in military health care," Dunn said. With the completion of that developmental effort, Dunn said that the Army Surgeon General decided to return the Madigan command structure to routine operations.

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## Hospital prepares for bio-chemical emergency



Naval Hospital Oak Harbor has a new portable chemical decontamination shelter. It takes 6 people less than 5 minutes to set up the 11' x 22' unit. This unit can accommodate both ambulatory and litter patients. The system, when in storage compacts into a small cube. It has a self-contained warm water unit and external heating system so it is useful in any type of weather conditions. Although Naval Hospital Oak Harbor has begun training with the equipment it

will take time and a collaborative effort between the hospital staff and Naval Air Station Whidbey Island Fire crew before personnel learn to use it quickly and safely anywhere on the installation, according to Naval Hospital Oak Harbor's Command Emergency Manager, Lt. Patrick Amersbach. (left interior of shelter, right exterior of the new equipment) *(Photo courtesy of Naval Hospital Oak Harbor.)*

## Fleet Hospital Bremerton trains for war

By Judith Robertson  
Naval Hospital Bremerton  
Public Affairs Officer

Fleet Hospital Bremerton, the contingency arm of Naval Hospital Bremerton, participated in a casualty exercise Jan. 30. During a fast-paced rainy afternoon the men and women who make up FHB worked with renewed focus as they processed the forty men and women "casualties" who passed through the door of the fleet hospital training set.

Their increased zeal that Thursday was the result of heightened rumors. Rumors that became a reality Monday morning when Capt.

Christine Hunter, commanding officer of Naval Hospital Bremerton, called all hospital's staff to attend one of eight back-to-back briefings announcing that Fleet Hospital Bremerton was in receipt of deployment orders to support Operation Enduring Freedom and possible future contingencies.

Many facts still cannot be told; where they will go, when will they go, and how long will the deployment last, but into this world of unknowns physicians, nurses, corpsmen and administrative support staff go willingly – relieved to finally get the call to action.

"Not knowing the particulars is not important to me," said Hospital

Corpsman 2<sup>nd</sup> Class Eusebio Bawden. "My main question was answered -- we're going. Our leadership will give us what we need to know to do our mission. It's kind of a relief now that we know we're going. Now I can start planning."

Bawden, who has been a corpsman for four years, said the deployment order was OK by him.

"Here's the opportunity that I've been waiting for. I've been training for it, and now I just have to go out and grab it. But I also have to be realistic. There are some things in my life that will have to be put on hold."

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# Smallpox vaccination: facts and fiction

By JUDITH ROBERTSON  
Naval Hospital Bremerton  
Public Affairs Officer

While Capt. Bruce Christen, MC, clinical epidemiologist at the Naval Hospital and smallpox program coordinator, will be the first to admit there is some risk to receiving the smallpox vaccine, he also agrees that much information available in the media tends to be slightly alarmist in nature.

"There are some basic points that are being overlooked," Christen said. "The first thing to know is that you cannot get smallpox from the smallpox vaccine. Smallpox vaccine contains a related pox virus to protect against smallpox."

That protection is exactly why President Bush announced the National Smallpox Vaccination Program Dec. 13 and why the Department of Defense embraced it with their own response plan designed for the U.S. military. Preserving the health and safety of the men and women of the military is a top concern for the DOD.

Smallpox is a deadly disease. If it were to be used as a weapon, it

could be catastrophic, so, according to Christen, it only makes sense to be prepared.

"I don't know what the threat is, but since we have been directed to carry out this program in the military, I can only assume that it is not zero."

The risk of having some reaction to the vaccination is also not zero, Christen acknowledged.

"But it is very low.

What's really going on here is that there are all these administrative pieces being put into place to ensure that the very unlikely event of adverse reactions approaches zero. And anytime you put controls on something, people assume they are there because it is dangerous. But this is the very vaccine that was given to every schoolchild in the U.S. for decades until the early



Rick Gunderson, (left) Kitsap County Health District's Regional Emergency Response Coordinator and Hilary Metcalf, Regional Bioterrorism Surveillance coordinator, observe the technique for giving smallpox vaccinations as demonstrated by hospital staff at Naval Hospital Bremerton. "It was extremely useful for us to see the process in action as we plan our program," Gunderson said. It is expected that Kitsap County will begin vaccinating some staff in early March he said. (photo by JO1 (SW) Stacey Moore)

70s."

The last case of smallpox in the U.S. was identified in 1949. It was determined in 1980 by the World Health Organization that the disease had been eradicated worldwide.

During the mass vaccinations in the States, Christen said, people were given the vaccine with little screening or controls. Now recipients

are screened to determine if personal health issues, or those for household contacts, would indicate being excluded from having the vaccination.

Statistics stating that one in a million die from the vaccination are "1960s data," Christen said. "It does not take into account that we have much more stringent screening and controls in

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## 2003 TRICARE West Coast Conference

The multi-regional planning group is now working on planning the 2003 West Coast TRICARE Conference. The TRICARE Northwest Region will host the annual event, which will be held July 8-10 at the Doubletree Columbia River Complex/Jantzen Beach, Portland, Oregon. If you have ideas for plenary speakers to the conference please send them to [Michael.Petty@nw.amedd.army.mil](mailto:Michael.Petty@nw.amedd.army.mil)

### Naval Hospital Bremerton is open for business; expect some changes

Naval Hospital Bremerton, the parent command of Fleet Hospital Bremerton, will continue to serve the needs of the local military population. The remaining staff at the Naval Hospital will reorganize into new care teams.

All available appointments can

be booked through the TRICARE Regional Appointment Center at 1-800-404-4506. Please do not call the clinics directly.

Patients with routine medical needs are asked to defer to those with acute illnesses while appointment schedules are reorganized

during the following week. Existing appointments will be honored unless you are personally notified. Obstetric services remain fully available.

The emergency room remains open for bona fide emergencies.

### Diabetes Outcomes CDs

In February some 5,000 TRICARE Prime patients with Diabetes received a compact disc designed to acquaint them with the Diabetes Outcomes Program and Scorecard, give them some information about Diabetes, and invest them in partnering with their providers to improve their outcomes. The CD, jointly produced by the TRICARE Northwest Lead Agent and Madigan Army Medical Center, also provides TRICARE On-Line linkage so that recipients can open an account. We are interested in both positive and negative feedback regarding the CD. Questions may be directed to Chris Hober at [chris.hober@nw.amedd.army.mil](mailto:chris.hober@nw.amedd.army.mil) or those who require technical support may call the IMD Help Desk at (253) 968-0338.



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place now.”

Another favorite statistic being used in the media is that 30 percent of people vaccinated experienced side effects.

“That’s true,” Christen said. “The vaccine can cause side effects. What is not reported is that those 30 percent experienced ‘moderate’ side effects. We’re talking about pain at the vaccination site, muscle aches, fatigue, headaches or a low grade fever. Moderate symptoms, as defined in the study, would not preclude a person from going to work.”

The study Christen refers to were findings reported in a clinical trial done in the wake of Sept. 11. Six hundred and eighty people were vaccinated for the study published by Sharon E. Frey in the “New England Journal of Medicine,” April 25, 2002.

“This is an example of how a simple message can get distorted,” Christen said. “The study defines the terms as, mild symptoms: those

easily tolerated; and moderate symptoms: bothersome, but did not preclude performance of routine activities.”

Military recipients of the vaccine are also given extensive education regarding care of the vaccination site, and health care workers involved in direct patient care are instructed to keep the site covered with a semi-permeable covering and clothing.

Christen said that because the disease and the vaccine are often confused, there is also confusion about the risks.

“There is no airborne or respiratory droplet transmission of vaccinia (the smallpox vaccine). This is being confused with variola (the actual smallpox disease), which is transmitted via the respiratory tract,” Christen said. “After an individual receives the smallpox vaccination, they are instructed not to touch the vaccination site, or let others touch the site. If people happen to touch the site, simple hand washing is effective to pre-

vent transmission into a potential skin lesion or mucous membrane. A person would have to touch the vaccinated site, and then touch a receptive place on their body, such as the eyes, to allow the virus to grow. It would take a unique set of circumstances”

But, if that happened, what would grow is not smallpox, Christen emphasized.

“This would be a manifestation of the live-virus vaccine, and the only concern for other individuals is that they do not directly contact the vaccination site. Or, if they think they have had contact, to wash their hands immediately.”

For more information on the military’s Smallpox Vaccination Program, go to <http://www.smallpox.army.mil>. More information on smallpox can be found at the Centers for Disease Control and Prevention web site at [www.bt.cdc.gov/agent/smallpox/index.asp](http://www.bt.cdc.gov/agent/smallpox/index.asp).

## U.S. Coast Guard Alaska



KODIAK, Alaska (Jan. 11, 2003)-Survivor Chris Sylce is examined by a Coast Guard emergency medical technician at the air station in Kodiak. Sylce was aboard the 58-foot fishing vessel Sunrunner when the vessel began taking on water, then sank about 75 miles southwest of Kodiak Saturday. Sylce was one of five men aboard the vessel. One more survivor was aboard the helicopter, the other survivors were rescued from the water by a good samaritan vessel, The Heritage. (USCG photo by PAC Marshalena Delaney)

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As a result of Deal's leadership during the last two years, Dunn said that Madigan is a stronger, more effective and more caring medical center. "Col. Deal brought a tremendous level of talent and energy into his command at Madigan," Dunn said. "We have 4,200 doctors on active duty in the Army today. They are all respected physicians and they all appreciate the basics of being a soldier. But it's really rare that we have the opportunity to recognize a Tom Deal, who would be at the top of his field anywhere in the world as a

respected surgeon and at the same time at the top of any branch of the Army as a soldier and a Commander," he said. The new commander also thanked Ida Deal for the countless volunteer hours she dedicated to making Madigan a better place for its patients and staff. "Ida Deal has stood behind Tom, and in her own actions has devoted tremendous energy to the Red Cross, Fisher House, our Health Services Auxiliary, and our Cascade of Friends. She's accomplished a tremendous amount for soldiers and families in these organizations."

Colonel Deal was awarded the Legion of Merit, first oak leaf cluster, and Mrs. Deal was awarded the Outstanding Civilian Service Award, during the ceremony. Deal's new assignment will be with the Joint Special Operations Command at Fort Bragg, N.C. He thanked a myriad of individuals for helping to make his two-year reign successful. He ended his remarks with a special message to those soldiers who may soon be deployed. "To those who are packing duffle bags and rucksacks or thinking about packing them, we know

that you will make us proud," he said. "I pray that God will guide your hands and hearts and bring you safely back home."

Dunn arrived at Fort Lewis to take command of the Western Regional Medical Command, which encompasses Washington, Oregon, Alaska, California, Idaho and Nevada, in June 2002. He is a graduate of the University of Notre Dame and Northwestern University Medical School. He came to Madigan after commanding the Walter Reed Health Care System in Washington, D.C.

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One of the things that may be put on hold is a planned June wedding to finance' Hospitalman Courtenay Vincent. But Bawden is philosophical, "In the end, things will fall into place," he said.

In the meantime the mission calls and according to Bawden, "That's the most satisfying feeling anyone can have. That my fellow corpsmen and me can be there to support and provide coverage to our fellow Marines, who are actually in the heat of things, and to help them win the war. That will be the ultimate outcome. We won't accept anything less. With the Marines there, and the corpsmen providing support, we will have all the pieces together. Then there's no holding us back."

According to Fleet Hospital Bremerton Commanding Officer Capt. Patrick Kelly, the fleet hospital has conducted over 25,000 hours of training since becoming the "Tier One" fleet hospital in March 2002 in anticipation they may be called to support this tri-service effort.

"I have complete confidence in this crew," Kelly said. "We are trained, we are ready and we are proud to be called to support this mission."



At the 'official' muster to say farewell to members of Fleet Hospital 8 (the combined Fleet Hospital Bremerton and auxiliary personnel), Rear Admiral Len Hering, commander, Navy Region Northwest, and Naval Surface Group Pacific Northwest, Brig. Gen. Michael Dunn, commanding general, Madigan Army Medical Center and Western Regional Medical Command, and Lead Agent, TRICARE NW, Commanding Officer Capt. Christine Hunter and Col George W. Cargill, Executive Director, TRICARE NW, USAF, file out to shake hands with the Fleet Hospital Executive Officer Capt. Mark Pickett and Master Chief Hospital Corpsman Marion Murphy-Osborne. Hospital Corpsman 2nd Class Eusebio Bawden is the flag bearer. (Photo by: HM2 Julie Jorgensen)